

## COMMONWEALTH OF KENTUCKY CIVILIAN TRAFFIC COLLISION REPORT

MAIL TO: KENTUCKY STATE POLICE, Records Section, 1250 Louisville Road, Frankfort, KY 40601

Please Print Legibly or Type all Information. Use Black or Dark Blue Ink. Make Copies Before Mailing.

Do Not Complete This Report if the Traffic Collision was Investigated by a Police Officer.

| Date of Collision Time                                 | AM/PM County   |  |  |
|--|--|--|--|
| This Collision Occurred In Limits of (City or Town)    |  |  |  |
| or Miles N S E W of (City or Town)                     |  |  |  |
| ON Roadway Number or Roadway Name Intersection Roadway | ·  |  |  |
| YOUR INFORMATION (Vehicle 1)                           | OTHER VEHICLE/PEDESTRIAN (Vehicle 2)   |  |  |
| Driver   | Driver   |  |  |
| First Middle Last<br>Address                           | First Middle Last<br>Address   |  |  |
| Address  | Address  |  |  |
| Driver's License (Number & State)                      | Driver's License (Number & State)  |  |  |
| Date of Birth (Month/Day/Year)                         | Date of Birth (Month/Day/Year)   |  |  |
| Phone  |  |  |  |
| Owner of Vehicle                                       | Owner of Vehicle   |  |  |
| First Middle Last                                      | First Middle Last  |  |  |
| Address  | Address to the last to the las |  |  |
| Vehicle  | Vehicle .  |  |  |
| Make & Year Model                                      | Make & YearModel   |  |  |
| Registration Plate Number & State                      | Registration Plate Number & State  |  |  |
| Insurance Company                                      | Insurance Company  |  |  |
| Address  | Address  |  |  |
| Damage to Vehicle                                      | Damage to Vehicle  |  |  |
|  |  |  |  |
| Estimated Cost of Repairs                              | Estimated Cost of Repairs  |  |  |
| Damage to Property Other than Vehicle                  |  |  |  |
| Owner's Name   | Estimated Cost of Repairs  |  |  |
| Owner's Address  |  |  |  |
| DIAGRAM WHAT HAPPENED IN THIS COLLISION                | DESCRIBE WHAT HAPPENED   |  |  |
| (Number Vehicles, Your Vehicle is Vehicle 1)           | to a contract of the contract  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  | ear (x), early has see 8 of a  |  |  |
| Indicate North by Arrow N                              | ्राहर के अने कार्य के प्राप्त के<br>अपने कार्यक्र के अपने किस्सी के स्वर्धिक के प्राप्त के प्राप्त के प्राप्त के प्राप्त के किस्सी किस्सी के प्राप  |  |  |
| Name of Person Completing Report                       |  |  |  |
| Sign Here (Owner or Driver) Making Report              | Date of Report   |  |  |

Section 1. KRS 189.635 is amended to read as follows:

- (2) Any person operating a vehicle on the highways of this state who is involved in an accident resulting in fatal or non-fatal personal injury to any person or damage to the vehicle rendering the vehicle inoperable shall be required to immediately notify a law enforcement officer having jurisdiction. In the event the operator fails to notify or is incapable of notifying a law enforcement officer having jurisdiction, such responsibility shall rest with the owner of the wehicle or any occupant of the vehicle at the time of the accident. A law enforcement officer having jurisdiction shall investigate the accident and file a written report of the accident with his law enforcement agency.
  - (4) Any person operating a vehicle on the highways of this state who is involved in an accident resulting in any property damage exceeding five hundred dollars (\$500) in which an investigation is not conducted by a law enforcement officer shall file a written report of the accident with the Department of State Police within ten (10) days of occurrence of the accident upon forms provided by the department.

## DO NOT COMPLETE THIS REPORT IF THE TRAFFIC COLLISION WAS INVESTIGATED BY A POLICE OFFICER

## instructions

Railroad Train
Other Object/Not Fixed

- (1) If you were involved in a collision with a pedestrian, enter the pedestrian information in the OTHER VEHICLE/PEDESTRIAN space provided for OTHER VEHICLE/PEDESTRIAN and print the word "PEDESTRIAN" in the OWNER block.
- (2) If you were involved in a collision with a vehicle other than a motor vehicle, (for example, snowmobile, minibike, bicycle, all-terrain vehicle, trail bike, or other non-motor vehicle) enter the driver, owner, and vehicle information as you normally would for OTHER VEHICLE/PEDESTRIAN.
- (3) If a vehicle is unoccupied at the time of the collision, enter all available information pertaining to that vehicle. Be sure to correctly enter the vehicle's license number and vehicle's description in the appropriate VEHICLE block.
- (4) Driver information must be entered exactly as it appears on each driver's license.
- (5) Owner information must be entered exactly as it appears on the registration receipt of each vehicle involved in the collision.
- (6) If you were involved in a collision in which there were more than two vehicles, additional report forms must be filled out. On the form, place the information for the third vehicle in the space marked "YOUR INFORMATION" and identify it as Vehicle 3. Use the space marked "OTHER VEHICLE/PEDESTRIAN" for the fourth vehicle and identify it as Vehicle 4, and so on.

## Please complete the following information by checking the appropriate values ().

|                    |                              |  |  | • •  |
|--------------------|------------------------------|--|--|--|
|                    | LLISION DIRECTION            | 1ST EVENT COLLISION  | WEATHER  | ROADWAY TYPE   |
| OF TRA             | VEL                          | WITH (continuation)  | ( ) Blowing Sand, Soil,  | ( ) County Road  |
| Vehicle 1          | Vehicle 2                    | Fixed Object   | Dirt, Snow   | ( ) Federal  |
| ()                 | () North                     | ( ) Bridge Parapet End   | () Clear   | () Frontage Road   |
| ()                 | () South                     | ( ) Bridge Pier, Abutment  | () Cloudy  | ( ) Interstate   |
| ()                 | ( ) East                     | ( ) Bridge Rail  | () Fog/Smog/Smoke  | ( ) Local Street   |
| ()                 | () West                      | () Building/Wall   | () Fog with Rain   | ( ) Parkway  |
|                    |                              | () Crash Cushion/  | () Raining   | () State   |
| PRE-COL            | LLISION VEHICLE ACTION       | Impact Attenuator  | () Severe Crosswinds   | ( ) None of the Above  |
| Vehicle 1          | Vehicle 2                    | ( ) Culvert/Head Wall  | () Sleet/Hail  | ( ) None of the Above  |
| ()                 | ( ) Avoiding Object          | () Curbing   | () Snowing   | TRAFFIC CONTROL  |
|                    | In Roadway                   | ( ) Earth Embankment/  | ( ) Other  | ( ) Advisory Speed Sign  |
| ()                 | () Backing                   | Rock Cut/Ditch   | ( ) 0101   | ( ) Center Line  |
|                    | () Changing Lanes            | () Fence   | ROADWAY CONDITION  | ( ) Curve Sign   |
| :(`)               | ( ) Entering Parked Position |  | () Dry   | () Flashing Light  |
| ()                 | ( ) Going Straight Ahead     | ( ) Guardrail End  | () Ice   | ( ) Median   |
| : ( )              | ( ) Leaving Traffic Lane     | ( ) Guardrail Face   | () Sand, Mud, Dirt   | ( ) No Passing Zone  |
| ()                 | ( ) Making Left Turn         | ( ) Light/Luminaire Support  | Oil, Gravel  | () Officer or Flagman  |
| ()                 | ( ) Making Right Turn        | () Mailbox   | ( ) Snow/Slush   | () RR Gates  |
| ()                 | ( ) Making U Turn            | ( ) Median Barrier   | () Wet   | () RR Signs or Signals   |
| ()                 | () Merging                   | () Other Post, Pole,   | () Other   | () School Zone Signs   |
| ·( )               | ( ) Overtaking               | or Support   | ( ) Other  | () Stop & Go Signal  |
| $\dot{}$           | () Parked                    | ( ) Overhead Sign Post   | ROADWAY SURFACE  | ( ) Stop & Go Signal   |
| $\dot{\mathbf{O}}$ | ( ) Slowing or Stopping      | ( ) Sign Post  | () Asphalt   | ( ) Warning Signs  |
| () ·               | ( ) Starting from Parking    | () Snowbank  | ( ) Concrete   | ( ) Yield Signal   |
| ÷( )               | ( ) Starting in Traffic      | ( ) Toll Booth   | () Gravel  | ( ) Other  |
| $\sim$             | ( ) Stopped in Traffic       | () Traffic Signal Support  | () Other   | () None  |
| ( )                | () Wrong Direction           | () Tree  | ( ) Since  | ( ) None   |
| ()                 | () Other                     | ( ) Utility Pole   | ROADWAY CHARACTER  |  |
| ()                 | () Unknown                   | ( ) Other Fixed Object   | () Curve & Grade   |  |
|                    |                              | Non-Collision  | () Curve & Hillcrest   |  |
| IST EVEN           | T COLLISION WITH             | ( ) Fell from Vehicle  | () Curve & Level   |  |
| Non-Fixed          |                              | () Fire/Explosion  | () Straight & Grade  |  |
|                    | nimal                        | () Jackknife   | () Straight & Hillcrest  | en e   |
|                    | cycle                        | () Overturned  | () Straight & Level  |  |
| () De              |                              | () Ran off Roadway (Only)  | ( ) Strangill & Level  |  |
|                    | otor Vehicle in Transport,   | () Submersion  | and the second s |  |
|                    | her Roadway                  | () Other Non-Collision   | a de la companya de  |  |
| -1                 | her Motor Vehicle            | and the state of t | t - to profig to the control of the second   | And the second s |
| ( ) Pe             | destrian                     |  |  |  |